

House File 2460

H-8229

1 Amend House File 2460 as follows:

2 1. Page 112, after line 5 by inserting:

3 <DIVISION \_\_\_\_

4 AUTISM SPECTRUM DISORDERS COVERAGE

5 Sec. \_\_\_\_\_. Section 225D.1, subsection 8, Code  
6 2016, as otherwise amended by this Act, if enacted, is  
7 amended to read as follows:

8 8. "*Eligible individual*" means a child less than  
9 fourteen years of age who has been diagnosed with  
10 autism based on a diagnostic assessment of autism,  
11 is not otherwise eligible for coverage for applied  
12 behavioral analysis treatment under the medical  
13 assistance program, [section ~~514C.28~~ 514C.31](#), or other  
14 private insurance coverage, and whose household income  
15 does not exceed five hundred percent of the federal  
16 poverty level.

17 Sec. \_\_\_\_\_. Section 225D.2, subsection 2, paragraph  
18 1, Code 2016, is amended to read as follows:

19 1. Proof of eligibility for the autism support  
20 program that includes a written denial for coverage or  
21 a benefits summary indicating that applied behavioral  
22 analysis treatment is not a covered benefit for which  
23 the applicant is eligible, under the Medicaid program,  
24 [section ~~514C.28~~ 514C.31](#), or other private insurance  
25 coverage.

26 Sec. \_\_\_\_\_. Section 225D.2, subsection 3, Code 2016,  
27 is amended to read as follows:

28 3. Moneys in the autism support fund created under  
29 subsection 5 shall be expended only for eligible  
30 individuals who are not eligible for coverage for  
31 applied behavioral analysis treatment under the medical  
32 assistance program, [section ~~514C.28~~ 514C.31](#), or other  
33 private insurance. Payment for applied behavioral  
34 analysis treatment through the fund shall be limited  
35 to only applied behavioral analysis treatment that is

1 clinically relevant and only to the extent approved  
2 under the guidelines established by rule of the  
3 department.

4 Sec. \_\_\_\_\_. NEW SECTION. 514C.31 Autism spectrum  
5 disorders coverage.

6 1. Notwithstanding the uniformity of treatment  
7 requirements of section 514C.6, a group policy,  
8 contract, or plan providing for third-party payment or  
9 prepayment of health, medical, and surgical coverage  
10 benefits shall provide coverage benefits to covered  
11 individuals under twenty-two years of age for the  
12 screening, diagnosis, and treatment of autism spectrum  
13 disorders if the policy, contract, or plan is either  
14 of the following:

15 a. A policy, contract, or plan issued by a carrier,  
16 as defined in section 513B.2, or an organized delivery  
17 system authorized under 1993 Iowa Acts, chapter 158,  
18 to an employer who on at least fifty percent of the  
19 employer's working days during the preceding calendar  
20 year employed more than fifty full-time equivalent  
21 employees. In determining the number of full-time  
22 equivalent employees of an employer, employers who  
23 are affiliated or who are able to file a consolidated  
24 tax return for purposes of state taxation shall be  
25 considered one employer.

26 b. A plan established pursuant to chapter 509A for  
27 public employees.

28 2. As used in this section, unless the context  
29 otherwise requires:

30 a. "*Applied behavior analysis*" means the design,  
31 implementation, and evaluation of environmental  
32 modifications, using behavioral stimuli and  
33 consequences, to produce socially significant  
34 improvement in human behavior or to prevent loss of  
35 attained skill or function, including the use of direct

1 observation, measurement, and functional analysis of  
2 the relations between environment and behavior.

3     *b. "Autism spectrum disorder"* means any of  
4 the pervasive developmental disorders including  
5 autistic disorder, Asperger's disorder, and pervasive  
6 developmental disorders not otherwise specified. The  
7 commissioner, by rule, shall define "*autism spectrum*  
8 *disorder*" consistent with definitions provided in  
9 the most recent edition of the American psychiatric  
10 association's diagnostic and statistical manual of  
11 mental disorders, as such definitions may be amended  
12 from time to time. The commissioner may adopt the  
13 definitions provided in such manual by reference.

14     *c. "Behavioral health treatment"* means counseling  
15 and treatment programs, including applied behavior  
16 analysis, that meet the following requirements:

17         (1) Are necessary to develop, maintain, or restore,  
18 to the maximum extent practicable, the functioning of  
19 an individual.

20         (2) Are provided or supervised by a behavior  
21 analyst certified by a nationally recognized board, or  
22 by a licensed psychologist, so long as the services are  
23 performed commensurate with the psychologist's formal  
24 training and supervised experience.

25     *d. "Diagnosis of autism spectrum disorder"* means the  
26 use of medically necessary assessments, evaluations, or  
27 tests to diagnose whether an individual has an autism  
28 spectrum disorder.

29     *e. "Pharmacy care"* means medications prescribed by  
30 a licensed physician and any assessment, evaluation,  
31 or test prescribed or ordered by a licensed physician  
32 to determine the need for or effectiveness of such  
33 medications.

34     *f. "Psychiatric care"* means direct or consultative  
35 services provided by a licensed physician who

1 specializes in psychiatry.

2     *g. "Psychological care"* means direct or consultative  
3 services provided by a licensed psychologist.

4     *h. "Therapeutic care"* means services provided by  
5 a licensed speech pathologist, licensed occupational  
6 therapist, or licensed physical therapist.

7     *i. "Treatment for autism spectrum disorder"* means  
8 evidence-based care and related equipment prescribed  
9 or ordered for an individual diagnosed with an autism  
10 spectrum disorder by a licensed physician or a licensed  
11 psychologist who determines that the treatment is  
12 medically necessary, including but not limited to the  
13 following:

14         (1) Behavioral health treatment.

15         (2) Pharmacy care.

16         (3) Psychiatric care.

17         (4) Psychological care.

18         (5) Therapeutic care.

19     *j. "Treatment plan"* means a plan for the treatment  
20 of an autism spectrum disorder developed by a licensed  
21 physician or licensed psychologist pursuant to a  
22 comprehensive evaluation or reevaluation performed  
23 in a manner consistent with the most recent clinical  
24 report or recommendations of the American academy of  
25 pediatrics, as determined by the commissioner by rule.

26     3. Coverage for applied behavior analysis is  
27 required pursuant to this section for a maximum  
28 benefit amount of thirty-six thousand dollars per year.  
29 Beginning in 2020, the commissioner shall, on or before  
30 July 1 of each calendar year, publish an adjustment for  
31 inflation to the maximum benefit required equal to the  
32 percentage change in the medical care component of the  
33 United States department of labor consumer price index  
34 for all urban consumers in the preceding year, and the  
35 published adjusted maximum benefit shall be applicable

1 to group policies, contracts, or plans subject to  
2 this section that are delivered, issued for delivery,  
3 continued, or renewed on or after January 1 of the  
4 following calendar year. Payments made under a group  
5 policy, contract, or plan subject to this section on  
6 behalf of a covered individual for any treatment other  
7 than applied behavior analysis shall not be applied  
8 toward the maximum benefit established under this  
9 subsection.

10 4. Coverage for applied behavior analysis shall  
11 include the services of persons working under the  
12 supervision of a behavior analyst certified by a  
13 nationally recognized board or under the supervision of  
14 a licensed psychologist, to provide applied behavior  
15 analysis.

16 5. Coverage required pursuant to this section shall  
17 not be subject to any limits on the number of visits an  
18 individual may make for treatment of an autism spectrum  
19 disorder.

20 6. Coverage required pursuant to this section  
21 shall not be subject to dollar limits, deductibles,  
22 copayments, or coinsurance provisions, or any other  
23 general exclusions or limitations of a group plan  
24 that are less favorable to an insured than the dollar  
25 limits, deductibles, copayments, or coinsurance  
26 provisions that apply to substantially all medical and  
27 surgical benefits under the policy, contract, or plan,  
28 except as provided in subsection 3.

29 7. Coverage required by this section shall be  
30 provided in coordination with coverage required for the  
31 treatment of autistic disorders pursuant to section  
32 514C.22.

33 8. This section shall not be construed to limit  
34 benefits which are otherwise available to an individual  
35 under a group policy, contract, or plan.

1     9. This section shall not be construed as affecting  
2 any obligation to provide services to an individual  
3 under an individualized family service plan, an  
4 individualized education program, or an individualized  
5 service plan.

6     10. Except for inpatient services, if an insured is  
7 receiving treatment for an autism spectrum disorder,  
8 an insurer is entitled to review the treatment plan  
9 annually, unless the insurer and the insured's treating  
10 physician or psychologist agree that a more frequent  
11 review is necessary. An agreement giving an insurer  
12 the right to review the treatment plan of an insured  
13 more frequently applies only to that insured and does  
14 not apply to other individuals being treated for autism  
15 spectrum disorders by a physician or psychologist. The  
16 cost of conducting a review of a treatment plan shall  
17 be borne by the insurer.

18     11. This section shall not apply to accident-only,  
19 specified disease, short-term hospital or medical,  
20 hospital confinement indemnity, credit, dental, vision,  
21 Medicare supplement, long-term care, basic hospital  
22 and medical-surgical expense coverage as defined  
23 by the commissioner, disability income insurance  
24 coverage, coverage issued as a supplement to liability  
25 insurance, workers' compensation or similar insurance,  
26 or automobile medical payment insurance, or individual  
27 accident and sickness policies issued to individuals or  
28 to individual members of a member association.

29     12. The commissioner shall adopt rules pursuant to  
30 chapter 17A to implement and administer this section.

31     13. An insurer shall not terminate coverage of an  
32 individual solely because the individual is diagnosed  
33 with or has received treatment for an autism spectrum  
34 disorder.

35     14. a. By February 1, 2018, and every February 1

1 thereafter, the commissioner shall submit a report to  
2 the general assembly regarding implementation of the  
3 coverage required under this section. The report shall  
4 include information concerning but not limited to all  
5 of the following:

6 (1) The total number of insureds diagnosed with  
7 autism spectrum disorder in the immediately preceding  
8 calendar year.

9 (2) The total cost of all claims paid out in the  
10 immediately preceding calendar year for coverage  
11 required under this section.

12 (3) The cost of such coverage per insured per  
13 month.

14 (4) The average cost per insured per month for  
15 coverage of applied behavior analysis required under  
16 this section.

17 b. All third-party payment provider policies,  
18 contracts, or plans, as specified in subsection 1,  
19 and plans established pursuant to chapter 509A shall  
20 provide the commissioner with data requested by the  
21 commissioner for inclusion in the annual report.

22 15. If any provision of this section or its  
23 application to any person or circumstance is held  
24 invalid, the invalidity does not affect other  
25 provisions or application of this section which can  
26 be given effect without the invalid provision or  
27 application, and to this end the provisions of this  
28 section are severable.

29 16. This section applies to third-party payment  
30 provider policies, contracts, or plans, as specified  
31 in subsection 1, and to plans established pursuant to  
32 chapter 509A, that are delivered, issued for delivery,  
33 continued, or renewed in this state on or after January  
34 1, 2017.

35 Sec. \_\_\_\_\_. REPEAL. Section 514C.28, Code 2016, is

1 repealed.

2     Sec. \_\_\_\_ . EFFECTIVE DATE. The following provisions  
3 of this division of this Act take effect January 1,  
4 2017:

5     1. The sections of this division of this Act  
6 amending sections 225D.1 and 225D.2.

7     2. The section of this division of this Act  
8 repealing section 514C.28.>

9     2. By renumbering as necessary.

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HALL of Woodbury